

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90059 003 ****61.25

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DOCUMENT # N93000000412

1. Entity Name

**SWEDISH WOMEN'S EDUCATIONAL ASSOCIATION INTERNAT
 IONAL, INC., SOUTH FLORIDA CHAPTER**

Principal Place of Business

Mailing Address

408 SE 8TH STREET
 FORT LAUDERDALE FL 33316
 US

408 SE 8TH STREET
 FORT LAUDERDALE FL 33316
 US

2. Principal Place of Business

3. Mailing Address

3811 NW 78 WAY

3811 NW 78WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

4. FEI Number

65-0413919

Applied For

Not Applicable

Zip

Country

33065 US

Zip

Country

33065 US

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMBRUST, MARGARETA
 408 SE 8TH STREET
 FORT LAUDERDALE FL 33316

Name **INGER ENG**

Street Address (P.O. Box Number is Not Acceptable)

3811 NW 78 WAY

City

CORAL SPRINGS

FL

Zip Code

33065

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **INGER ENG**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Inger Eng

3/21/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **ARMBRUST, MARGARETA**
 STREET ADDRESS **408 SE 8TH STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **PD** Change Addition
 NAME **KEASTIN WILLIAMS**
 STREET ADDRESS **3755 MYKONOS COURT**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **VP** Delete
 NAME **SHILLING, ELLIKA**
 STREET ADDRESS **16930 SW 5TH STREET**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **C** Change Addition
 NAME **C**
 STREET ADDRESS **C**
 CITY-ST-ZIP **C**

TITLE **SD** Delete
 NAME **LILJA, LOUISE**
 STREET ADDRESS **100 SW 9TH STREET, APT 201**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE **S/V/D** Change Addition
 NAME **KATRI OLANDER SERENIUS**
 STREET ADDRESS **3000 E SUNRISE BLVD, 8F**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **TD** Delete
 NAME **SEEMAN KRUSELL, ANETTE**
 STREET ADDRESS **450 NW 9TH STREET**
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **C** Change Addition
 NAME **THERESE RADER**
 STREET ADDRESS **688 SPINNAKER**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **C** Delete
 NAME **ENG, INGER**
 STREET ADDRESS **3811 NW 78 WAY**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **TD** Change Addition
 NAME **TD**
 STREET ADDRESS **TD**
 CITY-ST-ZIP **TD**

TITLE **C** Delete
 NAME **ANDERSON, ANN**
 STREET ADDRESS **354 NE 6 ST**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

Inger Eng

(561) 338-7384

3/21/02

Date

Daytime Phone #

CR2E037 (9/01)